

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

FILED

| | | |
|---|--|--|
| PLAINTIFF United States of America | | COURT CASE NUMBER CR 12-10226-DJC |
| DEFENDANT Tamara Kosta, et al. | | TYPE OF PROCESS Final Order of Forfeiture |
| U.S. DISTRICT COURT DISTRICT OF COUNTY OF Washington Registry of Deeds ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 85 Court Street, P.O. Box 297, Machias, Maine 04654 | | |

| | |
|--|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | Number of process to be served with this Form 285 |
| Doreen M. Rachal, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210 | Number of parties to be served in this case |
| | Check for service on U.S.A. |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Field

File

Please record the attached Final Order of Forfeiture with the above-referenced entity.
CATS ID 12-FBI-007771

JLJ x 3297

| | | | |
|--|---|------------------------------------|----------------|
| Signature of Attorney other Originator requesting service on behalf of: <i>Doreen M. Rachal</i> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER (617) 748-3100 | DATE 5/1/15 |
|--|---|------------------------------------|----------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|------------------------------|-----------------------------|--|----------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. 38 | District to Serve No. 36 | Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i> | Date 5/5/15 |
|---|---------------|------------------------------|-----------------------------|--|----------------|

I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

| | |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date 5/22/15 Time 11:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy <i>[Signature]</i> |

| | | | | | |
|-------------------|---|----------------------|---------------|------------------|--|
| Service Fee 65 | Total Mileage Charges including endeavors 247.79 | Forwarding Fee 8- | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund) \$320.79 \$0.00 |
|-------------------|---|----------------------|---------------|------------------|--|

REMARKS: *transmitting fee*

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PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

ELI: 11 MAY 15 11:00 AM